Fill in this information to ide	entify your case:	
Debtor 1 Jo	onathan Joseph Richards	
Debtor 2 (Spouse, if filing)	elinda June Richards	
United States Bankruptcy	Court for the: SOUTHERN DISTRICT OF OHIO	
Case number (If known)	381	Check if this is:  An amended filing
		A supplement showing postpetition chapter 13 income as of the following date:
Official Form 10	<u>06I</u>	MM / DD/ YYYY
<b>^</b>	•	

## Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	t 1: Describe Employment			
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse
	If you have more than one job,	<b>5</b>	■ Employed	■ Employed
	attach a separate page with information about additional	Employment status	☐ Not employed	☐ Not employed
	employers.	Occupation	Pipefitter	SCR
	Include part-time, seasonal, or self-employed work.	Employer's name	Sauer Group Inc.	Sedgwick
	Occupation may include student or homemaker, if it applies.	Employer's address	1801 Lone Eagle Street Columbus, OH 43228	Hilliard, OH
		How long employed the	nere? 4 years	1 month

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 6,323.20 \$ 2,557.58

3. Estimate and list monthly overtime pay.

3. +\$ 0.00 +\$ 0.00

4. Calculate gross Income. Add line 2 + line 3.

Official Form 1061 Schedule I: Your Income page 1

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Debi	tor 1 tor 2	Jonathan Joseph Richards Melinda June Richards		Case r	number (if known)	15-53381	
				For	Debtor 1	For Debtor	
	Сор	y line 4 here	4.	\$	6,323.20		,557.58
5.	List	all payroll deductions:					
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	1,577.25	\$	272.72
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$	0.00
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$	0.00
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	0.00
	5e.	Insurance	5e.	\$	0.00	\$	284.96
	5f.	Domestic support obligations	5f.	\$	0.00	\$	0.00
	5g.	Union dues	5g.	\$	252.94	\$	0.00
	5h.	Other deductions. Specify: SHV	5h.+	· —	346.67	+ \$	0.00
		Org Fund	-	\$	123.07	\$	0.00
		ASE Fund	_	\$	8.67	\$	0.00
6.	Δdd	I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	- 6.	\$	2,308.60	\$ \$	557.68
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$ 	4,014.60	· ———	,999.90
8.		all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$		\$	
	8b.	Interest and dividends	8b.	<b>\$</b> —	0.00	\$	0.00 0.00
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$	0.00
	8d.		8d.	\$	0.00	\$	0.00
	8e.	Social Security	8e.	\$	0.00	\$	0.00
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:	8f.	\$	0.00	\$	0.00
	8g.	Pension or retirement income	_ 8g.	\$	0.00	\$	0.00
	8h.	Other monthly income. Specify: Second Job (average net)	8h.+	\$	0.00	+ \$	152.82
		Training job for Union (average net)	_	\$	515.14	\$	0.00
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	515.14	\$	152.82
10.		culate monthly income. Add line 7 + line 9.  the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$	4	+ \$_	2,152.72	= \$ 6,682.46
11.	Inclu othe	te all other regular contributions to the expenses that you list in <i>Schedule</i> and contributions from an unmarried partner, members of your household, your or friends or relatives.  Interpretation of the contribution of the co	depen		•		
12.		I the amount in the last column of line 10 to the amount in line 11. The result is the thick that amount on the Summary of Schedules and Statistical Summary of Certain lies					\$ 6,682.46
13.	Do y	you expect an increase or decrease within the year after you file this form?  No.	<b>&gt;</b>				Combined monthly income
		Yes. Explain:					

Fill	in this informa	tion to identify yo	our case:					
Deb		Jonathan Jo		chards		Chec	k if this is:	
			<u></u>				An amended filing	
	tor 2 ouse, if filing)	Melinda Jun	e Richard	ds			A supplement show 13 expenses as of	ving postpetition chapter the following date:
Unit	ed States Bankr	uptcy Court for the	: SOUTH	ERN DISTRICT OF OHIC	)	=	MM / DD / YYYY	
	e number 15	5-53381						
		rm 106J						
		J: Your I						12/1
info	ormation. If moment in the mom	ore space is ne n). Answer ever ibe Your House	eded, atta ry questio	. If two married people and the state of this included in the sheet to this in.				
1.	Is this a joir							
	□ No. Go to							
	_		n a separ	ate household?				
	■ N □ Y	_	st file Offici	al Form 106J-2, <i>Expenses</i>	for Separate House	hold of Debt	tor 2.	
2.	Do you have	e dependents?	□ No					
	Do not list Debtor 2.	ebtor 1 and	Yes.	Fill out this information for each dependent	Dependent's relation		Dependent's age	Does dependent live with you?
	Do not state	the						□ No
	dependents				Daughter		17	■ Yes
					Davadatan		00	□ No
					Daughter		20	■ Yes □ No
								☐ Yes
								□ No
								☐ Yes
3.	expenses of	enses include f people other tl d your depende	han $_{oldsymbol{\sqcap}}$	No Yes				
Par		ate Your Ongoi						
exp				uptcy filing date unless y y is filed. If this is a supp				
the		n assistance an		government assistance i cluded it on Schedule I: \			Your exp	enses
4.		or home owners and any rent for the		ses for your residence. I or lot.	nclude first mortgage	4. \$		0.00
	If not includ	led in line 4:						
	4a. Real e	estate taxes				4a. \$		0.00
		rty, homeowner's	s, or renter	's insurance		4b. \$		0.00
			•	upkeep expenses		4c. \$		200.00
	4d. Home	owner's associat	ion or con	dominium dues		4d. \$		0.00

0.00

5. Additional mortgage payments for your residence, such as home equity loans

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	tor 1 tor 2		n Joseph Richards June Richards	Case number (if kno	own) 15-53381
				_	
6.	Utilit		hand watered and	ο- Φ	
	6a.	•	, heat, natural gas	6a. \$	480.00
	6b.		wer, garbage collection	6b. \$	100.00
	6c.	•	e, cell phone, Internet, satellite, and cable services	6c. \$	400.00
_	6d.		ecify: ADT	6d. \$	90.00
7.			ekeeping supplies	7. \$	900.00
8.			children's education costs	8. \$	150.00
9.		-	ry, and dry cleaning	9. \$	350.00
			products and services	10. \$	300.00
11.	Medi	ical and de	ntal expenses	11. \$	123.00
12.			Include gas, maintenance, bus or train fare. ar payments.	12. \$	500.00
13			clubs, recreation, newspapers, magazines, and books	13. \$	101.00
			ributions and religious donations	14. \$	0.00
		rance.	indutions and rengious donations	ιτ. ψ	0.00
13.			nsurance deducted from your pay or included in lines 4 or 20	)	
		Life insura	, , ,	7. 15a. \$	297.00
		Health ins		15b. \$	0.00
		Vehicle in		15c. \$	176.00
			rance. Specify:	15d. \$	0.00
16			irance. Specify. Iclude taxes deducted from your pay or included in lines 4 o		0.00
10.	Spec		icidae taxes deducted from your pay or included in lines 4 o	16. \$	0.00
17.			ease payments: ents for Vehicle 1	17a. \$	525.00
		. ,		· —	535.00
			ents for Vehicle 2	17b. \$	0.00
		Other. Spe	•	17c. \$	0.00
		Other. Spe	·	17d. \$	0.00
18.			of alimony, maintenance, and support that you did not your pay on line 5, Schedule I, Your Income (Official Fo		0.00
10			s you make to support others who do not live with you.	\$	0.00
10.	Spec		s you make to support others who do not live with you.	Ψ 19.	0.00
20		,	erty expenses not included in lines 4 or 5 of this form o		nme
20.			s on other property	20a. \$	0.00
		Real estat	, , ,	20b. \$	0.00
			homeowner's, or renter's insurance	20c. \$	0.00
			nce, repair, and upkeep expenses	20d. \$	
					0.00
04			er's association or condominium dues	20e. \$	0.00
21.	Othe	er: Specify:		21. +\$	0.00
22.		-	monthly expenses		
			through 21.	\$	4,702.00
	22b.	Copy line 2:	2 (monthly expenses for Debtor 2), if any, from Official Forn	n 106J-2 \$	
	22c.	Add line 22a	a and 22b. The result is your monthly expenses.	\$	4,702.00
22	Colo	uloto veve	monthly not income		
۷٥.			monthly net income. 12 (your combined monthly income) from Schedule I.	23a. \$	0.000.40
			monthly expenses from line 22c above.		6,682.46
	∠3D.	Copy your	monuny expenses nom line 22c above.	23b\$	4,702.00
	23c.		our monthly expenses from your monthly income.	222	1 000 16
		The result	is your monthly net income.	23c. \[\$	1,980.46
24.	Do v	ou expect a	an increase or decrease in your expenses within the ye	ar after you file this form?	
-	For ex	xample, do yo	ou expect to finish paying for your car loan within the year or do you terms of your mortgage?		
	_		terms or your mortgage:		
	■ N		[F		
	$\square$ Y	es.	Explain here:		